

OCCUPATIONAL TAX INFORMATION

The persons doing the census for the Occupational Tax were unable to contact you for this information. We would appreciate your completing this form and returning it within the next two weeks to your School District. If no reply is received, you will be put in at the highest value. Please answer each of the following questions as completely as you can. If a question does not apply to you, mark it with N/A (not applicable). **If you have any questions about this form, please contact your Enumerator or School District.**

| Circle One: | New Resident | Change | Appeal – Reason for Appeal |
|-------------|--------------|--------|----------------------------|
| | | | _____ Retirement |
| | | | _____ Occupation Change |
| | | | _____ Error in Occupation |

Name _____
 Address _____
 Telephone _____ Township/Borough _____
 School District _____

Employer _____
Employer Address _____
Telephone _____ Supervisor _____
Job Title _____ Full Time(21+ hours) _____ PartTime _____
(hrs/wk)

Brief Description of job:

*Appealing Assessed Value of _____ Description _____
Account Number _____

*Appeal must be filed within ten (10 days) from the date of Notice of Occupational Assessment to be effective for the tax year specified on the notice.

Signature

Date